			.	Application or Docket Number								
	PATENT	OR[10	81	1502	Uf					
CLAIMS AS FILED - PART I (Column)1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN
T	OTAL CLAIM	s ·	T W					RATE	FEE	7	RATE	FEE
F	OR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE			BASIC FEE	
7,	OTAL CHARGE	EABLE CLAIMS	24 m	W minus 20=		\cdot ψ		X\$ 9=	-	OR	-	1
IN	DEPENDENT (CLAIMS	3 1	3 minus 3 =		• -		X43=	 	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12
М	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT	L			+145=	+	OR		 	
• 1	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	+290= TOTAL	44
	CLAIMS AS AMENDED - PART II								<u> </u>]0,,	OTHER	THAN
_		(Column 3)	1 -	SMALL	ENTITY	OR	SMALL					
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
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AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBE PREVIOU PAID FO	ST R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
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AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBEI PREVIOUS PAID FO	T R SLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž Q	Total	•	Minus	**		Ξ,		X\$ 9=		OR	X\$18=	
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<u> [</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	· .
		nn 1 is less than th					Ĺ	+145=		OR [TOTAL	
											DOIT. FEEL	
	ne "Highest Num	ber Previously Paid	For (Total or	Independent)	is the I	highest number	tound	in the app	ropriate box	in colu	mn 1.	